

## Marine Claim Form

## **Instructions**

Please download/save this Claim Form to enter your claim details.

To assist us to consider your claim as soon as possible please complete ALL questions in full.

The personal information collected on this Claim Form will be held by Chubb Insurance New Zealand Limited and you have rights of access to and correction of this information under the Privacy Act 1993.

Important: To assist the early settlement of your claim, please attach repair and/or replacement invoices.

A. Details								
Name of Insured:								
Policy Number:								
Postal Address:								
Business Telephone:					Home Telephone:			
Your Broker:								
Address of Broker:								
Date of Event:				between			and	
Where did the event o	ccur?							
What happened, how did it happen and why?								

B. Details of the Loss							
Date of loss:	When was the loss discovered?						
Brief description (includes cause of loss or damage):							
Where did the Event occu	zur?						

C. Details of the Transit								
Journey from		То			Date			
Carrier's name and contact		·						
Type of transport								
D. Details of the Goods	D. Details of the Goods							
Are you the owner of the goods?	Are you the owner of the goods?							
If No, please provide details of the owner								
Did any other insurance cover the goods at the time of loss?								
If Yes, please provide the particulars and name of the insurer								
If goods are damaged where can they be inspected? (Please advise contact name and phone number)								
Have Police been notified?							☐ Yes ☐ No	
If Yes, what station?		Incident I	Number		Date			
Have you taken any other action t	o reduce your l	oss?					☐ Yes ☐ No	
If Yes, please provide details								
E. Detailed Statement of Cla	aim (if insuffi	cient room, plea	ase attach a sepa	arate schedu	ıle)			
Full Description of item (e.g. make, model, age)				Sum Insured		Amou	Amount claimed	
F. GST Supplement								
Are you registered for GST purposes?								
What is your Tax Credit Extent (Percentage)?								
G. Electronic Funds Transfer Details								
Following Chubb approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details:								
New Zealand Bank Account Details								
Name of Financial Institution Account Holder's Name								
Account Number								
Bank Address								

Overseas Account Details							
Name of Financial Institution			Account Holder's Name				
BSB Number/Routing Code/ABA	A Number/IBAN		Account Number				
Bank Address							
Currency for Refund			SWIFT Code				
H. Supporting Document	ation (the foll	owing documents are 1	equired in suppo	rt of t	he claim)		
☐ Letter of claim on carrier/ship/airline		$\square$ Invoice showing value of goods claimed		☐ Consignment note/Bill of lading/Airway b			
Response (if any) from carrie	r/ship/airline [	☐ Repair/Replacement quotations (if applicable)			☐ Freight Invoice		
If any of the above are not available, please advise why							
Declaration							
I/we declare that all of the information given is true, correct and complete.  I/we agree to notify Chubb Insurance New Zealand Limited immediately if any of the lost or stolen property is subsequently recovered, and at Chubb's option surrender the property to Chubb Insurance New Zealand Limited or refund the amount of money received.							
Privacy Consent							
<ul> <li>I/we:</li> <li>i. Understand that Chubb Insurance New Zealand Limited CU1-3, Shed 24, Princes Wharf, Auckland (Chubb) requires personal information (which may include Health information) so that they can evaluate this claim and administer the insurance policy and that failure to consent to the collection, use and disclosure of personal information may result in the claim being refused in part or in full;</li> <li>ii. Authorise Chubb to obtain from other parties personal information (which may include Health information) about me that Chubb views as relevant to the claim;</li> <li>iii. Agree to Chubb disclosing to other parties, including but not limited to, service providers engaged by Chubb, the insurance broker, the policy holder (if this differs from the claimant) or reinsurers personal information (including Health information) collected in relation to this claim or the insurance policy;</li> <li>iv. Understand that we have rights of access to, and correction of, personal information held by Chubb and that further details of this and Chubb's Privacy Policy are available at www2.chubb.com/nz-en/footer/privacy.aspx.</li> </ul> Signature of Insured:							
Signature of moureu:							

Please click to submit your claim form

Name of Insured:

Date:

## **About Chubb in New Zealand**

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries and territories, Chubb provides corporate and commercial property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs more than 30,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate and commercial property & casualty, group personal accident and corporate travel insurance products. Chubb in NZ also serves individuals with a substantial home and contents portfolio to protect, and individuals purchasing travel and personal accident insurance. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates and SMEs, with all product offerings transacted through brokers.

More information can be found at www.chubb.com/nz.

## **Contact Us**

Chubb Insurance New Zealand Limited CU1-3, Shed 24
Princes Wharf
Auckland 1010
PO Box 734
Auckland 1140
O +64 9 377 1459
F +64 9 303 1909
E NZ.claims@chubb.com

w www.chubb.com/nz



Chubb. Insured.<sup>™</sup>